POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			1/1
O.I.P.E. CLASSIFIER	8~	32	10/1/2
FORMALITY REVIEW	UNK	100	10/PS/01
RESPONSE FORMALITY REVIEW	δA	50 039	03-18-02

INDEX OF CLAIMS

V	Rejected	N	Non-elected
=	Allowed	- 1	Interference
_	(Through numeral) Canceled	Α	Appeal
÷	Restricted	0	Objected

^-	:	Restricted	U	Objected	
Claim a	Date	Claim	Date	Claim Date	,
Final Original		Final Original		Final	
101		51		101	
2 1		52	 	102	
3 /		53	 	103	
-4		54		104	
5		55		105	
6		56		106	
7		57		107	
8 7		58		108	
9		59		109	
10		60		110	
113		61		111	
12	 	62		112	
14		64		113	
15		65		115	
16		66	 	116	
17		67	 	117	
18		68		118	
19		69		119	
20		70		120	
21		71		121	
22		72		122	
23		73		123	
24		74		124	
25		75		125	
26		76	 	126	
28		78	 	127	ı
29	 	79		129	-
30		80	+	130	
31		81	 	131	
32		82		132	
33		83		133	
34		84		134	
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36		86	BE	ST3AVAILABLE CO	717
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36		89			-
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42		92	 	142	
43		93	 	143	
44	- - - - - - - - - - - - - - - - - - - 	94	 	144	
45		95		145	
46		96		146	
47		97		147	
48		98		148	
49		99		149	
50		100		150	

If more than 150 claims or 10 actions staple additional sheet here

(LEFT INSIDE)